



Travelers Casualty and Surety Company of America
Hartford, Connecticut

Important Note: This is an application for a claims-made policy. To be covered, a claim must be first made against an insured during the policy period or any applicable extended reporting period.

New York Defense Expenses Notice: If this policy contains an insuring agreement that includes defense expenses within the limits of coverage, payment of defense expenses may reduce the professional liability coverage limits up to 50%. If this policy contains an insuring agreement that includes a deductible that applies to defense expenses, up to 50% of the deductible amount may be applied to defense expenses.

Throughout this supplement the terms "you" and "your" means the entity or individual applying for this insurance. "Financial institution" means any bank, credit union, savings and loan, building and loan, savings association, farm credit agency, or any subsidiary or affiliate thereof.

APPLICANT INFORMATION

- 1. [ ] New business [ ] Current Travelers policy number:
2. Your full legal name:

GENERAL INFORMATION

- 3. With respect to any financial institution client in the last five years, has any member or former member of your firm:
A. Served as an officer, director or member of any internal committee?
B. Had any equity interest or loan commitments?
C. Had a client declare insolvency or operated under regulatory direction or agreement?

If yes to any part of question 3., please answer questions 4. through 6. below. If no to all parts of question 3 above, no further information is required other than your signature

- 4. For each financial institution client for which you responded yes in question 3 above, please provide the following information:
A. Name of financial institution:
B. Financial institution's total assets: \$
C. Location of financial institution:
D. Specific nature and capacity of services rendered by you:
E. Are audit services provided?
If yes, is each audit engagement subject to an independent review by someone with financial institution experience who did not participate in the engagement?
F. Name of employee or former employee who provides or provided professional services:
G. Are annual engagement letters used for this service?
H. Date services were rendered: to
i. Are they still a client?
I. Date of insolvency, take-over or merger, if applicable:

- 5. With regard to this financial institution, has any employee or former employee of your firm:
A. Been a member of any internal committee such as but not limited to the executive, loan policy, audit or investment advisory committee?
If yes, please identify the type of committee and dates of participation:
B. Acted as director or officer?

- C. Had loan commitments?.....Yes No  
*If yes, please describe type and amount:* \_\_\_\_\_
- D. Held stock or other financial interest?.....Yes No  
*If yes, what is the dollar value of such interest?.....*\$ \_\_\_\_\_
- E. Participated in the preparation of a response to regulatory examination reports?.....Yes No
- F. Participated or assisted in the rendering of advice on regulatory issues?.....Yes No
6. Has any regulatory authority filed any lawsuit or is any litigation including any shareholder derivative action pending against any director or officer of this financial institution?.....Yes No  
*If yes, please provide complete details* \_\_\_\_\_

**COMPENSATION NOTICE**

**Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

**FRAUD WARNINGS**

**Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

**Attention: Insureds in FL**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a felony of the 3<sup>rd</sup> degree, and may also be subject to a civil penalty.

**Attention: Insureds in ME, TN, VA, and WA**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Attention: Insureds in PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**SIGNATURE AND AUTHORIZATION**

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.

- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

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Signature (Partner, Member, Officer, Shareholder) Date

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Name (print) Title

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\*If you are electronically submitting this application to Travelers, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

**Electronic Signature and Acceptance**

**Important note:** This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

***INSURANCE AGENT OR BROKER MUST COMPLETE THE FOLLOWING:***

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Submitting agency name  Direct  Sub-produced

Address (street, city, state, zip code)

Phone Fax Email

Licensed producer name License number

***ADDITIONAL INFORMATION:***

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In the section below you may provide additional information to any of the questions in this application (please reference the question number).